

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088199 (3)

1. Corporation Name

BEDMINSTER CHARLOTTE CORPORATION



Principal Place of Business

Mailing Address

CHERRY TREE CORP. CTR.
535 RT 38, SUITE 580
CHERRY HILL NJ 08002
US

CHERRY TREE CORP. CTR.
535 RT 38, SUITE 580
CHERRY HILL NJ 08002
US

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

7/a

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/23/1993

3a. Date of Last Report

08/30/1995

4. FEI Number

22-3302839

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and their application

(NOTE: Registered Agent signature is printed with handwriting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ASHBY, C. EDWARD JR	
STREET ADDRESS	535 RT 38 SUITE 580	
CITY-ST-ZIP	CHERRY HILL NJ 08002	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	PEIPERS, DAVID H	
STREET ADDRESS	535 RT 38 SUITE 580	
CITY-ST-ZIP	CHERRY HILL NJ 08002	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ETTINGER, HUGH M	
STREET ADDRESS	535 RT 38 SUITE 580	
CITY-ST-ZIP	CHERRY HILL NJ 08002	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WIDELL, NELSON E	
STREET ADDRESS	535 RT 38 SUITE 580	
CITY-ST-ZIP	CHERRY HILL NJ 08002	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MACIEJEWSKI, STEPHEN	
STREET ADDRESS	535 RT 38 SUITE 580	
CITY-ST-ZIP	CHERRY HILL NJ 08002	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen Maciejewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96
Date

609-662-2662
Daytime Phone #

CR2E034 (12/95)